Lake Creek

Cemeteries.

(1) Jep Thomas Marker:

(2) Jacobsen Monument

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Cl# 3480

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INITIAL EXAMINATION

HISTORY: This young lady is an eight-and-a-half-year-old girl referred by Dr. Green for evaluation of a heart murmur which he detected on her recent examination. She had been referred to Dr. Green for a possible tonsillectomy since she has had recurrent bouts of tonsillitis and otitis. When Dr. Green detected the murmur he suggested the patient come in for evaluation since he felt quite definitely that it must be an organic murmur. Apparently, the murmur has been known to be present since this little girl was brought from Vietnam to live with her family at a year of age. She has always tended to be somewhat small and at times has had an extremely poor appetite. In spite of this, she has always been a very active and vigorous child. The recent bouts of tonsillitis, however, have caused her to have some loss of appetite. Since she has been on antibiotics the past week her appetite has seemed to return and she is feeding much better.

PHYSICAL EXAMINATION: On physical exam she is found to be a slightly small but very bright and active eight-year-old oriental girl who is in no apparent distress. She does not appear to be cyanotic and appears to have good peripheral as well as central saturation. She does wear glasses for anisotropia. Her chest shows no deformity. I can detect no unusual precordial activity, specifically I can not feel any precordial thrill or diastolic tap. On auscultation she has a Grade 3/6 systolic murmur which is best heard over the precordium along the mid and upper left sternal edge. The murmur is particularly well heard in the left infraclavicular area. Also along the mid and upper left sternal edge the murmur appears to extend beyond the second sound which is mildly accentuated into diastole. The murmur doesn't have a typical machinery component to it and my colleagues, Dr. Burke and Dr. Nilson, believe the murmur is a seperate systolic and diastolic murmur. The systolic component of the murmur is well heard over the entire left chest posteriorly and in the mid axillary line. The murmur can be heard in the right chest also, but is not as loud. Her peripheral pulses are essentially equal in her upper and lower extremities and may be just slightly full. Her blood pressure is found to be 105/55 in her upper extremity and 110/60 in her lower extremity. I can detect no hepatosplenomegaly and no edema is present.

ECG: Her electrocardiogram is well within normal limits.

X-RAY: Her chest x-ray is probably within normal range. Her heart has a somewhat straightened left heart border and a clearcut main pulmonary artery segment is not clearly seen. The pulmonary vascularity appears to be well within normal range.